

THE CONTINUING EDUCATION COORDINATOR'S BULLETIN

INFORMATION AND IDEAS FROM THE INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER
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ACLS COURSES REVISITED

The April 1995 issue of this Bulletin was devoted to "ACLS COURSES." In it, we discussed recommendations and pitfalls to consider when planning these courses. In this issue, we will present some new issues that have come to our attention.

Standardized national life support courses like Advanced Cardiac Life Support are the most common continuing education activities sponsored by the Clinical Support Center throughout the IHS. Although we will refer to ACLS in this discussion, the information applies equally to Neonatal Resuscitation, Pediatric Advanced Life Support, Advanced Life Support in Obstetrics, Advanced Trauma Life Support, and other similar courses.

There is no question of the need for these courses; indeed, many are mandated by facility credentialing requirements or by JCAHO accreditation standards. Few doubt their value; they are practical, hands-on, skills-based courses targeted at life-threatening situations. Evaluations of IHS sponsored courses almost always give the highest praise, citing the nonthreatening approach, excellent instructors, and other positive aspects of the courses. Commonly there are statements about how these are the best courses of their type that the participant has ever been to, or that they are so much

better than courses given outside the IHS. They are almost always offered at minimal or no cost. Since the information changes so quickly and because skills erode so fast, those who need these courses usually have to take them every two years, so they must be offered on a regular basis.

So what is the problem?

There is a worrisome trend throughout the IHS as facilities withdraw support for these courses. Some have stopped offering them altogether. Some that had permitted those from outside of their facility to attend now have restricted attendance to their own personnel.

The reasons for this are complex. These courses are taught by clinicians who have other, full time responsibilities; they must either teach on their own time, or take time away from their primary jobs to serve as instructors. The responsibilities of an Affiliate Faculty instructor -- meetings, site reviews, instructor evaluations, written reports, record-keeping, and so on -- are integral to that role and must be fulfilled.

The equipment required to offer courses is expensive to purchase and maintain, and has a limited lifespan. After each course, it must be reorganized, made ready for the next use, and stored. Even hauling the equipment from the storage site to the

course venue and back is a considerable task.

Service units might justifiably ask, "Why should we expend our resources to benefit those from other facilities that aren't willing to support these activities?" Smaller facilities may not have the necessary "critical mass" to warrant the purchase of equipment or production of the courses.

In these days of cost containment, some service units that have always sent their clinicians to courses at local hospitals are finding that many of these facilities are abandoning their courses because they have never been financially self-supporting. Occasionally, Indian health programs are having difficulty identifying certifying centers that will make their services available.

How do we solve this?

If all facilities can agree that these courses are necessary and that they are best taught internally, then there are some solutions. Cooperative agreements can be reached by which each facility can contribute, be it by giving their clinicians time off to teach, by purchasing, maintaining and storing equipment, or by providing meeting facilities. Those who can offer none of these services may need to offer to contribute funds to offset some costs that other facilities accrue.

Areas may want to centralize these activities so that economies of scale may be achieved. Where distances allow, it may be more economical to put on courses in one location. What is more important, Areas need to make a decision about the necessity for these courses. If they are a priority, then this idea needs to reach all levels of the organization so that everyone supports the

effort.

Alternatively, Areas and service units may choose to contract with outside organizations to teach ACLS, PALS, and other courses. This, however, can be expensive, and some may find that the courses are not as "user friendly" as those put on internally.

As always, if anyone decides to put on one of these courses and they want to offer continuing education credit for professionals who attend, they are encouraged to contact the IHS Clinical Support Center or any other accredited sponsor at the outset to involve them in the planning process from the beginning.

THE BOTTOM LINE . . .

ACLS and other similar life support courses are valuable training experiences that are required at many Indian health program facilities. All Areas and facilities need to reach a decision about whether they will conduct these courses internally or obtain them from outside sources. If they are to be conducted internally, then whatever support and resources are needed to put on high quality training must be made available. Your suggestions are welcome.

If you are not on the mailing list for this *Bulletin* or wish to receive any back issues, please call us at 602-640-2140 or write to:

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